

SUMMER CAMP APPLICATION

First Name	Last Name	Email Address

Address

City	State	Zip

Home Phone	Sex	Date of Birth

**Grade in Fall 2005	School in Fall 2005	Rye Golf Pool Member

Mother's Name	Mother's Work Phone	Mother's Cell Phone

Father's Name	Father's Work Phone	Father's Cell Phone

Allergies, medication required during the camp day or camper's special needs

**Immunization records as required by the Department of Health - please list exact date (1/1/00)
DO NOT attach records - Complete boxes below**

DPT - 1	DPT - 2	DPT - 3	DPT - 4	Hib
OPV - 1	OPV - 2	OPV - 3	Varicella/Chicken Pox	
Hep B - 1	Hep B - 2	Hep B - 3	MMR - 1	MMR - 2

**Children in Grade K or older are REQUIRED
to have 2 vaccines for Measles**

Emergency Name (other than parent)	Emergency Phone
Doctor's Name	Doctor's Phone
Insurance Company	Insurance Policy Number

In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health officer to secure proper treatment for my child named above. I understand that the camp will try to contact the parents first at the numbers listed above. I understand that the City of Rye DOES NOT carry accident or medical coverage for participants. I hereby give permission for my child, registered above, to attend the Rye Recreation camp program. I hereby release the City of Rye and its employees and volunteers from any and all liability for personal injuries and/or property damage sustained by my child or I sustain in a Rye Recreation camp program.

Signature	Date